

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 / 2428

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Goodrich Mailing Address 4417 Broadmoor Avenue SE City State Zip Code Grand Rapids MI 49512 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7 <b>Transaction ID: 2223360</b> Amount of Each Receipt this Period 250.00
Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Richard H. Goodwin Mailing Address P.O. Box 2040 City State Zip Code Salem CT 06420 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 <b>Transaction ID: 2231210</b> Amount of Each Receipt this Period 2000.00
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sydna H. Gordon Mailing Address 1309 Carriage Lane City State Zip Code Garland TX 75043 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7 <b>Transaction ID: 2223506</b> Amount of Each Receipt this Period 2500.00
Name of Employer Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			

**SUBTOTAL** of Receipts This Page (optional) .....

4750.00

**TOTAL** This Period (last page this line number only) .....